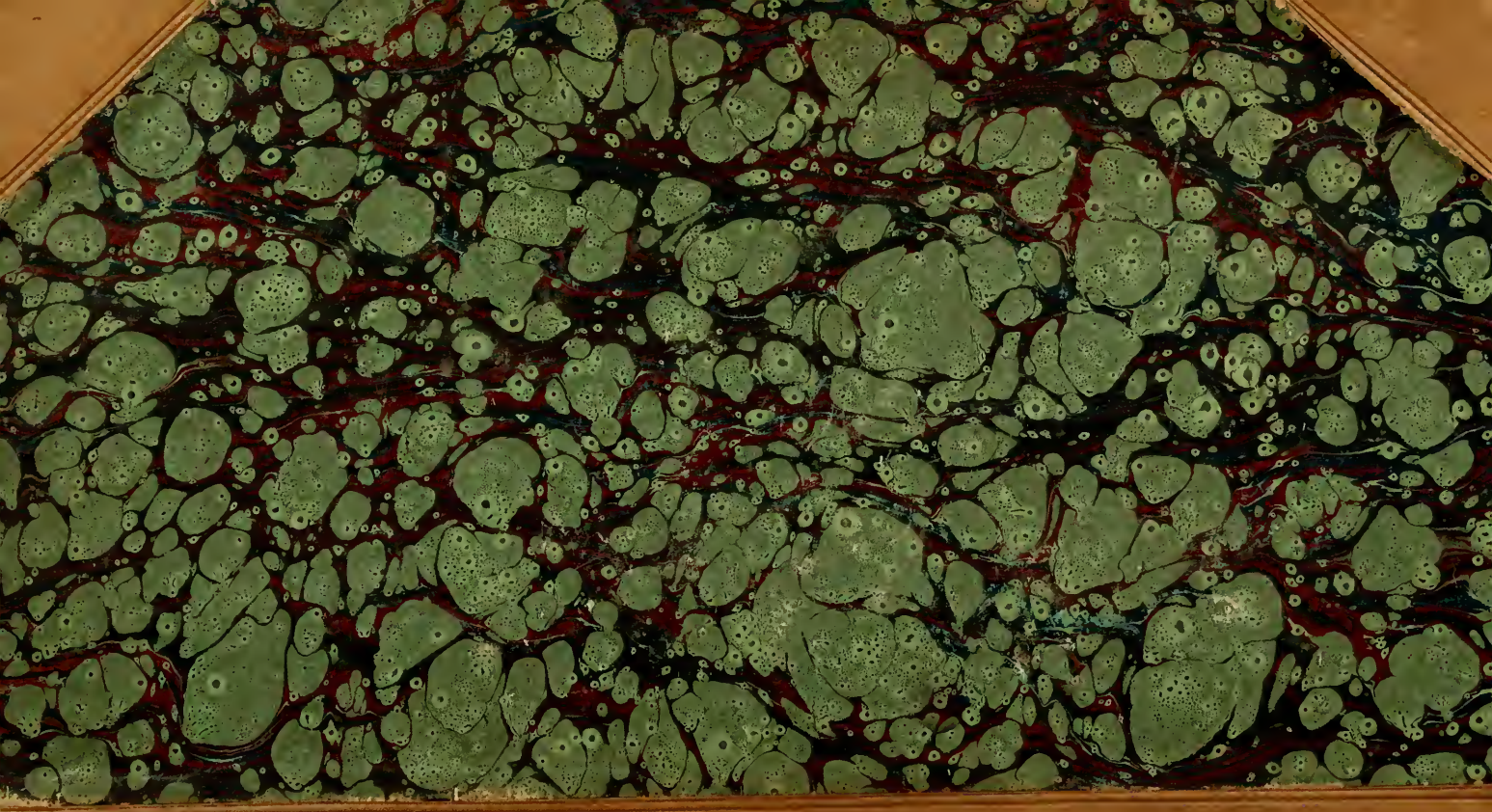

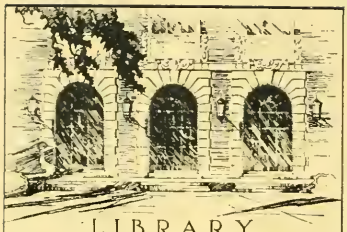

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THE

CARE AND TREATMENT

OF THE

INSANE POOR.

THE CARE AND TREATMENT OF THE INSANE POOR:

THE PRESIDENT'S ADDRESS

READ AT THE

ANNUAL MEETING

OF

THE MEDICO-PSYCHOLOGICAL ASSOCIATION

(*Held at the Royal College of Physicians, July* 31, 1867.)

BY

C. LOCKHART ROBERTSON, M.D. CANTAB.,

MEDICAL SUPERINTENDENT OF THE SUSSEX LUNATIC ASYLUM, HAYWARD'S HEATH; MEMBRE ASSOCIÉ ÉTRANGER DE LA SOCIÉTÉ MEDICO-PSYCHOLOGIQUE DE PARIS; ETC. ETC.

Insane persons are everywhere regarded as proper objects of the care of the State.—*John Stuart Mill.*

Our present business is to affirm that Poor Lunatics ought to be maintained at the Public Charge. I entertain, myself, a very decided opinion that none of any class should be received for profit; but all I hope will agree that Paupers at any rate should not be the objects of financial speculation.—*Lord Ashley.* (Speech in the House of Commons, 6th June, 1845.)

LONDON:

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BARTHOLOMEW CLOSE.

1867.

METROPOLITAN ASYLUM DISTRICT.

22	St. John, Hampstead . . .	„	194,735	0	0	...			99	6	9
23	Whitechapel.	(Union)	...			266,506	15	0	138	16	0
24	St. Margaret & St. John, Westminster	(Parish)	461,932	0	0	...			240	11	9
25	Greenwich	(Union)	...			† 397,255	0	0	206	18	0
26	Wandsworth and Clapham . .	„	...			572,384	0	0	298	2	4
27	Hackney	„	...			† 366,020	0	0	190	12	8
28	St. Giles & St. George, Bloomsbury	(Parish)	252,219	0	0	...			131	7	3
29	Holborn	(Union)	...			197,095	0	0	102	13	0
30	Strand	„	...			259,183	0	0	134	19	8
31	Fulham	„	225,940	0	0	...			117	13	6

List of Parishes and Unions in the Metropolitan Asylum District, with the annual Rateable value of Property, according to the latest Poor Rate and the present and existing Valuation Lists, and Amount of contribution at one-eighth of a penny in the £.

No.	NAME OF PARISH OR UNION.	Annual Rateable value of Property according to the latest Poor Rate.			Annual Rateable value of Property, according to the present and existing Valuation Lists.			Amount of Contribution at $\frac{1}{8}$th of a penny, in the £.		
		£	s.	d.	£	s.	d.	£	s.	d.
1	St. Mary-le-bone . . . . . (Parish)	997,588	0	0	...			519	11	5
2	St. Pancras . . . . . „	1,024,927	0	0	...			533	16	3
3	St. Mary, Lambeth . . . . „	763,441	0	0	...			397	12	6
4	St. George, Hanover Square . „	882,724	0	0	...			459	15	0
5	St. Mary, Islington . . . . „	808,543	0	0	...			421	2	3
6	St. Leonard, Shoreditch . . . „	334,600	0	0	...			174	5	5
7	Paddington . . . . . „	691,306	0	0	...			360	1	0
8	St. Matthew, Bethnal Green . „	224,778	5	0	...			117	1	4
9	St Mary, Newington . . . „	215,321	0	0	...			112	2	11
10	St. Giles, Camberwell . . . „	* 364,764	0	0	...			189	19	7
11	St. James, Westminster . . . „	447,498	0	0	...			233	1	5
12	St. James & St. John, Clerkenwell „	230,231	0	0	...			119	18	2
13	St. Luke, Chelsea . . . . . „	263,462	0	0	...			137	4	4
14	St. Mary Abbott's, Kensington . „	672,083	0	0	...			350	0	11
15	St. Luke's, Middlesex. . . . „	* 223,640	0	0	...			116	9	7
16	St. George-the-Martyr, Southwark „	150,964	0	0	...			78	12	6
17	St. Mary Magdalen, Bermondsey „	216,868	10	0	...			112	19	0
18	St. George-in-the-East . . . „	168,352	0	0	...			87	13	7
19	St. Martin-in-the-Fields . . . „	284,655	0	0	...			148	5	1
20	Hamlet of Mile-end Old Town . „	215,027	0	0	...			111	19	10
21	St. Mary, Rotherhithe . . . „	110,594	15	0	...			57	11	11
22	St. John, Hampstead . . . „	194,735	0	0	...			99	6	9
23	Whitechapel. . . . . (Union)	...			266,506	15	0	138	16	0
24	St. Margaret & St. John, Westminster (Parish)	461,932	0	0	...			240	11	9
25	Greenwich . . . . . (Union)	...			† 397,255	0	0	206	18	0
26	Wandsworth and Clapham . . „	...			572,384	0	0	298	2	4
27	Hackney . . . . . „	...			† 366,020	0	0	190	12	8
28	St. Giles & St. George, Bloomsbury (Parish)	252,219	0	0	...			131	7	3
29	Holborn . . . . . (Union)	...			197,095	0	0	102	13	0
30	Strand . . . . . „	...			259,183	0	0	134	19	8
31	Fulham . . . . . „	225,940	0	0	...			117	13	6
32	Stepney . . . . . „	...			238,192	0	0	124	1	1
33	Poplar . . . . . „	...			473,839	0	0	246	15	10
34	St. Saviour's . . . . . „	...			† 136,765	0	0	71	4	6
35	Lewisham . . . . . „	...			399,623	0	0	208	2	8
36	St. Olave's . . . . . „	123,057	0	0	...			64	1	9
37	City of London . . . . . „	...			1,811,537	0	0	943	10	1
38	East London . . . . . „	...			187,925	0	0	97	17	6
39	West London . . . . . „	...			169,311	0	0	88	3	7
	TOTALS . .	£10,549,255	10	0	5,475,635	15	0	8,344	1	11

* No Return—Obtained from Poor Law Board.

† *See* Parliamentary Return dated 14th February, 1867.

THE

CARE AND TREATMENT

OF THE

INSANE POOR.

"Insane persons are everywhere regarded as proper objects of the care of the State."—*John Stuart Mill.*

"Our present business is to affirm that Poor Lunatics ought to be maintained at the Public Charge. I entertain, myself, a very decided opinion that none of any class should be received for profit; but all I hope will agree that Paupers at any rate should not be the objects of financial speculation."—*Lord Ashley.* (Speech in the House of Commons, 6th June, 1845.)

Among the many social problems included in the domain of Medico-Psychology there is none of more importance, or more intimately related to the duties of the community, than that of the *Care and Treatment of the Insane Poor.* At this time, moreover, it is the subject of much discussion in the general and medical press. I do not therefore think, that I shall otherwise than meet with your approval, if I use this present opportunity, which I owe to your favour, to review the several relations of this grave social question.

In England our existing arrangements are only of twenty years' standing, and owe their origin, as you are all aware, to the introduction into the House of Commons by the Earl of Shaftesbury (then Lord Ashley) of the Lunacy Act, 1845, which transferred to the present Lunacy Commission the supervision of the insane poor throughout England and Wales.

The condition of these patients previous to the passing of the Lunacy Act, 1845, is detailed in the '*Report of the Metropolitan Commissioners in Lunacy*' (1844), who had for the first time been authorised by the 5 & 6 Vic., c. 87, to inspect the condition of the various public and private asylums throughout England and Wales.*

It is not within my present purpose to relate again the tales of misery and neglect recorded in this official report. Suffice it, that their investigations enabled the Metropolitan Commissioners to make those suggestions for the amendment of the law, which were embodied in the Lunacy Act, 1845, and form the basis of our present arrangements for the care and treatment of the insane poor.

The leading principle asserted in the Lunacy Act, 1845, as it relates to the care and treatment of the insane poor, is, that the permissive power to justices given by the 48 Geo. III, c. 96, to build county asylums, and which led to the erection of the seven asylums for Nottingham, Bedford, Norfolk, Lancaster, Stafford, Cornwall, and Gloucester, containing in all only 1500 beds, should be compulsory, and that each county in England and Wales should under the authority of the Quarter Sessions be compelled to make provision for the care and treatment of its insane poor. Another principle was, that the whole detail of these arrangements should be controlled by the Justices of the County under the general supervision of the Commissioners in Lunacy. The medical character of these asylums, as hospitals for the cure of mental disease, was for the first time formally asserted, in their being placed under the government of a resident medical superintendent. The subsequent Lunacy Acts, relating to the care and treatment of the insane poor, which

* The following was the number of pauper lunatics chargeable in August, 1843, with their place of maintenance :—

	MALE.	FEMALE.	TOTAL.
In County Asylums	1,670	1,855	3,525
In Licensed Houses	1,059	1,239	2,298
In Workhouses	1,813	2,250	4,063
In Private Dwellings.....	2,204	2,702	4,906
Total	5,746	8,046	14,792

Population of England and Wales (estimated) 16,000,000
Number of Pauper Lunatics and Idiots to Population, 1 in 1066

have been passed, viz. the 'Lunatic Asylums' Act, 1853,' and the 'Lunacy Acts' Amendment Act, 1862,' are simply amplified details of these principles. The time has now arrived when these legal enactments might most wisely be consolidated into one intelligible statute.

The following table shows the number of pauper lunatics and idiots chargeable in England and Wales at the decenniums **1847, 1857,** and **1867**:—

Table showing the Number of Pauper Lunatics and Idiots in England and Wales in the several Decenniums, **1847**, **57**, *and* **67**, *with their Place of Maintenance, and their Proportion to the Population.*

WHERE MAINTAINED.	1847. (1st January.)			1857. (1st January.)			1867. (1st January.)		
	Male.	Female	Total.	Male.	Female.	Total.	Male.	Female.	Total.
In Public Asylums ..... (In County and Borough Asylums and Lunatic Hospitals.)	2,397	2,745	5,142	6,104	7,384	13,488	11,336	13,412	24,748
In Licensed Houses ..... (Private Pauper Asylums.)	1,657	2,104	3,761	790	1,118	1,908	417	833	1,250
In Workhouses	2,058	2,573	4,631	2,950	3,850	6,800	4,407	5,900	10,307
In Private Dwellings ..... (With friends or boarded out.)	1,965	2,453	4,418	2,394	3,103	5,497	2,732	3,906	6,638
Totals	8,077	9,875	17,952	12,238	15,455	27,693	18,892	24,051	42,943
Population of England and Wales (estimated)...	15,906,741			19,408,464			21,135,515		
Number of Pauper Lunatics and Idiots to Population	1 in 880			1 in 701			1 in 494		

I purpose to-day, to offer a few remarks for your consideration, on the care and treatment of the insane poor in the three places of maintenance in which we now find them, viz. :—

I. *The Insane Poor in Public Asylums.*
II. *The Insane Poor in Workhouses.*
III. *The Insane Poor in Private Dwellings.*

The following table shows the relative proportions in which the insane poor are distributed in these three divisions in England and Wales, in Scotland, and in Ireland :—

Table showing the Distribution per cent. of Pauper Lunatics and Idiots in England and Wales, in Scotland, and in Ireland, on the 1st of January, 1867.

Where maintained.	In England and Wales of every 100 there are	In Scotland of every 100 there are	In Ireland of every 100 there are
In Public Asylums (County and District, and Lunatic Hospitals.)	58·0	43·0	60·0
In Private Licensed Houses	2·5	10·0	6·0
In Workhouses	24·0	18·5	34·0 (including gaols.)
In Private Dwellings	15·5	28·5	none.
	100·0	100·0	100·0

I. *The Insane Poor in Public Asylums.*

I begin my subject with a few remarks on the care and treatment of the insane poor in public asylums. I do not feel called upon from this place (nor does time admit) to enforce and illustrate the incontestable superiority of public asylums for the care and curative treatment of the majority of the insane poor to either workhouses or private dwellings. Yet in here recording the untold success which has followed the efforts of the legislature since 1845 to ameliorate the condition of the insane poor through the compulsory erection of county asylums—a success which led a recent Harveian orator to call the sight of one of our English county asylums 'the most blessed manifestation of true civilisation that the

world can present,' I cannot refrain from adding my humble word of praise to the memory of one

> Of the simple great ones gone
> For ever and ever by,

to that of my revered friend JOHN CONOLLY, whose work of freeing the insane from their restraint, and of thereby founding the English School of Psychological Medicine, preceded the legislation promoted by the Earl of Shaftesbury, and ensured the success of these enactments.*

* "In June, 1839, Dr. Conolly was appointed resident physician at Hanwell. In September he had abolished all mechanical restraints. The experiment was a trying one, for this great asylum contained eight hundred patients. But the experiment was successful; and continued experience proved incontestably that in a well-ordered asylum the use even of the strait-waistcoat might be entirely discarded. Dr. Conolly went further than this. He maintained that such restraints are in all cases positively injurious, that their use is utterly inconsistent with a good system of treatment; and that, on the contrary, the absence of all such restraints is naturally and necessarily associated with treatment such as that of lunatics ought to be, one which substitutes mental for bodily control, and is governed in all its details by the purpose of preventing mental excitement, or of soothing it before it bursts out into violence. He urged this with feeling and persuasive eloquence, and gave in proof of it the results of his own experiment at Hanwell. For, from the time that all mechanical restraints were abolished, the occurrence of frantic behaviour among the lunatics became less and less frequent. Thus did the experiments of Charlesworth and Conolly confirm the principles of treatment inaugurated by Daquin and Pinel; and prove that the best guide to the treatment of lunatics is to be found in the dictates of an enlightened and refined benevolence. *And so the progress of science, by way of experiment, has led men to rules of practice nearer and nearer to the teachings of Christianity. To my eyes a pauper lunatic asylum, such as may now be seen in our English counties, with its pleasant grounds, its airy and cleanly wards, its many comforts, and wise and kindly superintendence, provided for those whose lot it is to bear the double burthen of poverty and mental derangement—I say this sight is to me the most blessed manifestation of true civilisation that the world can present.*

"This result we owe to the courage and philanthropy of such men as Pinel and Conolly. Pinel's large acquirements and practical intellect would alone have availed nothing; his first step would never have been taken but for the generous impulses of a feeling heart and courageous spirit. Conolly's experiment at Hanwell would have been foiled by opposition and discouragement, had he not been sustained by a spirit of earnest benevolence towards his unhappy patients.

"The spirit which animated these two men is the spirit without which much of the progress of practical medicine would have been impossible. For, however diverse may be the intellectual powers that find their several fit places in the

Dr. Conolly's four Annual Reports of the County Lunatic Asylum at Hanwell for 1839, 1840, 1841, 1842, still form the groundwork of our treatment of the insane poor in the English county asylums, while these asylums themselves—whose fame (I may be permitted to say) based as it is on the successful application of the English non-restraint system has gone forth into the whole civilised world, and thus brought rescue to the most suffering and degraded of our race—stand throughout this fair land imperishable monuments of the statesman to whom they owe their origin, and of the physician who asserted the great principle on which the treatment within their walls is founded.

During the twenty years (1847-67) the Lunacy Act, 1845, has been in force, the number of beds in the county asylums in England and Wales has increased from 5,500 to 26,000. In 1847 there was provided in the public asylums accommodation and means of treatment for 36 per cent. of the pauper lunacy of the country; in 1867 we have advanced on this state of things, and provided for 60 per cent. of the whole pauper lunatics and idiots chargeable. During this period the total number of pauper lunatics and idiots has increased from 17,952 to 42,943, while in 1847 1 in every 880 of the whole population was a pauper lunatic. This proportion is now, in 1867, 1 in every 494. I do not attribute these numbers to any actual increase of insanity, but rather to the fact of the more accurate returns which are now made of the pauper lunacy of the country, and also in some degree to a number of persons in the lower middle class, successfully contriving to evade the restrictions of the Poor Law, in order to procure for their insane relatives treatment in the county lunatic asylums. This opinion of the absence of any positive increase in the lunacy of the country is further supported by the relative proportion of private patients to the population during the same period. In 1847, 1 in 3913 was certified as a private lunatic; in 1867, 1 in 3577.

study and practice of medicine, there is but one right temper for it—the temper of benevolence and courage; the temper in which Larrey invented the *ambulances volantes*, that he might bring help to the wounded under fire; the temper in which physicians have devoted themselves to the study of the plague and other infectious fevers; that same temper which has originated and sustained the highest Christian enterprises, and which ennobles any man who, possessing it, with an honest and true heart does his duty in our profession."—*The Harveian Oration*, 1866, *by George E. Paget, M.D. Cantab.*

Thus, I think I am justified in saying that we see the limits of our labours in providing for the care and treatment of the insane poor; and, further, that we have nearly gained the desired end. It is allowing a wide margin in our calculations for the future if we place the possible total number of pauper lunatics and idiots at 1 in 400 of the population. This would give on a population of 22,000,000 about 55,000 pauper lunatics and idiots.

Here the question at once arises, *For how many of these* 55,000 *pauper lunatics and idiots will public asylum accommodation be requisite?* The table I have given above shows the existing proportions in England, in Scotland, and in Ireland, in which the Insane Poor are divided between the public asylums, the workhouses, and the private dwellings.

In calculating the wants of the future it is at once necessary to determine whether this proportion in the distribution of the insane poor—the result of the last twenty years' experience—is a fair and proper one? My own opinion is that the English proportion is, on the whole, a fair standard, and that we may safely assume for our future guidance that the pauper lunatics and idiots (whom I place at the ultimate average of one in 400 of the population) may with due consideration of all their claims and requirements be thus distributed:—

In Public Asylums, 60 per cent.
In Workhouses, 25 per cent.
In Private Dwellings, 15 per cent.

And if, as we hope and believe, the population continue to increase, and if mental disease, as we fear it will for many generations, increase in proportion with the population, it must be remembered that wealth increases in a tenfold degree, and that it cannot be otherwise than the duty of a Christian government to charge on this marvellous wealth the cost of the care and treatment for those who have fallen by the wayside, poverty-stricken and mentally wounded in the strife. During the last ten years, for example, the rental in the county of Yorkshire, exclusive of the represented boroughs, has increased by one million and a half. Is it an unreasonable burthen on this increase to add another penny to the county rate to build—as the justices are about to do—two new asylums for the insane poor of this great county?

We should thus require, with a population of 22,000,000, 33,000 beds in the public asylums. Of these 26,000 are already provided. The problem then is not so difficult to solve as certain recent writers would lead the public to imagine. The machinery which has so successfully and to the satisfaction of all classes of the community, provided in twenty years the 26,000 beds may I think fairly be trusted to add 7,000 more to the number.

How best can these 7,000 beds be procured? First in order comes the question of the possible increase in size of the county asylums. Many years ago the opinion prevailed that 300 patients were ample for the care of one superintendent. This number has now gradually been allowed to increase to 600, and it is apparently still on the increase. If our public asylums were like those in Germany and consisted of two distinct establishments, the *Heil-anstalt* and the *Pfleyanstalt* (although there also this division is being by the force of events broken through), there could be no question whatever that 300 recent and acute cases of mental disease would tax the efforts of the most unwearied medical superintendent. But in estimating the fit numbers for an English county asylum it must be remembered, that these hospitals are of a mixed character and include a large proportion of incurable lunatics, whose treatment, speaking generally, is a matter of organized system rather than of individual observation. My own experience coincides with the general result arrived at by force of circumstances, that a county asylum with 600 beds may perfectly well be managed by one medical superintendent and under one authority. Indeed, I go further, and say that an asylum with 600 patients will in most points be better organized, at the same cost per bed, than a smaller one of 300. In asylums containing a large number of chronic cases I would even allow that 800 patients might with the aid of two assistant medical officers be treated. Beyond this number I should be most unwilling to go. The experience of all larger asylums shows an increase of the average cost, and also, unquestionably, a decrease in the comfort and wellbeing of the patients, with a further increase of number.

The present average accommodation in the English county asylums is about 400. An average increase of from 200 to 400 beds in these asylums would then entirely solve the problem of public asylum accommodation for this generation. Possibly the lunatics of the

future may attain their city of refuge in new Gheels; sufficient for our present purpose be the wants of this generation. Enlargements have been made in several asylums, owing to our progressive views of asylum architecture, to the manifest improvement of the original structure, as in the appropriating to the patients' use of the Medical Superintendent's quarters, the central chapel, &c., &c.; in others detached blocks have been built of a more domestic and inexpensive style. In either case experience has amply shown that these additions may be made for one third of the original cost; that is, while the average cost of asylum construction has been £170 per bed (including furnishing and every item), the alterations and enlargements I have spoken of have been completed at the Devon, at Chester, at Hayward's Heath, &c., from £50 to £60 a bed. A very desirable means of relieving the county asylum is one now in progress, viz., the building of separate borough asylums, such as Leicester, Norwich, &c., &c.; when, instead of these boroughs paying rent to the county asylum for the beds they occupy, they will without further cost have an asylum of their own, and have the entire control of all relating to their patients.

In larger and more populous counties, like Lancaster, Surrey, and Chester, a territorial division of the county has been adopted and which is much to be preferred, on the ground alike of proper management and economy, to the huge asylum extensions of Hanwell, Colney Hatch, and Kent.

II. *The Insane Poor in Workhouses.*

On the 1st of January, 1847, there were 4631 pauper lunatics and idiots confined in the workhouses in England and Wales.

On the 1st of January, 1857, their number rose to 6800; and on the 1st of January, 1867, it had increased to 10,307. In 1847, they formed 25 per cent. of the total number of pauper lunatics; in 1857, 25 per cent.; in 1867, 24 per cent. Thus, although the total number of pauper lunatics chargeable has trebled during the twenty years 1847-67, the proportion of those confined in workhouses has not increased.

By the 111th section of the Lunacy Act, 1845, the Commissioners in Lunacy were authorised to visit (and report to the Poor Law

Board) all lunatics and idiots confined in the workhouses in England and Wales.

We have, in the '*Further Report of the Commissioners in Lunacy*,' a general statement of the position in 1847 of the insane poor confined in the workhouses. This was the first occasion on which any legal inquiry had been made as to the condition of the lunatic inmates of these houses. Considerable discrepancy prevailed in the numbers returned by the Poor Law Board, and those actually found by the Visiting Commissioners. The majority of these lunatics were idiotic and demented, but some of the severe and more recent forms of insanity were also met with by the Commissioners.

In 1859 the Commissioners in Lunacy published a detailed report on the condition of the lunatic inmates of workhouses.* This report gave a most unsatisfactory account of their state and treatment. The state of these patients was also fully investigated by the Select Committee on Lunatics in 1859, and an effort was made in the *Lunacy Acts' Amendment Act*, 1862, to regulate the conditions under which pauper lunatics are now detained in workhouses. Thus section 20 provides, that no lunatic or alleged lunatic, shall be detained beyond fourteen days in a workhouse, unless the medical officer of the parish give a certificate in writing, that he is a proper person to be kept in a workhouse, nor unless the accommodation in the workhouse is sufficient for his reception. It is further provided by section 21 that a quarterly return shall be sent by the medical officer of the workhouse to the clerk of the union, who is required to forward copies to the Commissioners in Lunacy and to the clerk of the Visitors of the County or Borough Asylum. The 30th section gives the Commissioners in Lunacy power at their visits to send any pauper lunatics detained in workhouses to the county or other asylum without further order or certificate—a most valuable provision. The 37th section requires the Visiting Committee of the Board of Guardians to record, at least once a quarter in the visitors' book, such observations as they may think fit to make respecting the dietary accommodation and treatment of the lunatics

* 'Supplement to the Twelfth Report of the Commissioners in Lunacy to the Lord Chancellor.' *Ordered by the House of Commons to be printed, 15th April,* 1859.

or alleged lunatics in the workhouse, which book shall be laid before the Commissioners at their next visit by the master.

The Commissioners manage apparently to visit the 10,000 lunatics and idiots detained in the 688 workhouses in England and Wales at least once in three years; taking the 100 workhouses which have separate wards for the insane once a year, and the others at least once in three years.

On the 1st of January, 1867, the numbers had risen from 6800 to 10,307, and again the Commissioners in their last report furnish us with an insight into the present condition of these patients. The same fact is recorded that the insane in the small country workhouses, who are mixed with the other inmates, are generally in a favorable condition. Employed with the rest indoors, or in the garden and fields, and enjoying often some indulgences of diet, the idiotic and demented patients in these houses are placed in as favorable conditions of existence as can be expected, or as is necessary for their wellbeing. Likewise, in some of the larger town workhouses, where special lunatic wards have been arranged, the condition of the patients is very satisfactory. To this, however, there are marked and numerous exceptions in the workhouses in town districts, where the numbers of the insane poor are neither small enough for the domestic treatment of the country unions nor large enough for the asylum arrangements adopted in the large houses, and where patients requiring asylum treatment are detained without anything of asylum comforts, where there are cheerless rooms, insufficient and incompetent attendance, a low diet, no records of the simplest kind, and no provision whatever for healthful exercise of mind or body.

The Poor Law Board continue to evince the greatest solicitude for the welfare of the insane poor, and give their uniform support to the recommendations made by the Commissioners in Lunacy at their visits. The change, since 1847, in the condition of the insane poor in workhouses has been on the whole a progress. The guardians and medical officers take a more liberal view of their obligations towards these patients, and a more uniform practice has been enforced of sending the recent and acute cases at once to the county asylum for treatment, the most important point of all connected with the care and treatment of the insane poor.

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The experience of the last twenty years places the treatment in the public asylums beyond all cavil or comparison with similar attempts in workhouses or in private dwellings, alike for all cases of recent mental diseases, and for the majority of those of chronic mania and dementia, with their natural complications of paralysis, softening of the brain, epilepsy, &c. With every desire to reduce the numbers of the insane poor requiring the accommodation of the county asylums, I do not think, as I have already said, it can ultimately be placed at less than 60 per cent. of the total number of pauper lunatics and idiots. All efforts to reduce this number by sending back cases of chronic mental disease to the workhouses, as has been done in numerous asylums, has resulted in a lamentable failure, and in the return of the patient, after a limited time, with a marked increase of his disease. This is so far evidence in favour of the present English standard of the proportion of the insane poor (60 per cent.) requiring asylum accommodation, and that we do not (as has recently been often asserted) indiscriminately and without necessity, sequestrate the insane poor. This is a point on which I am disposed strongly to insist.

Yet, on the other hand, experience leads me to say that the aged, imbecile, and demented lunatics prefer the workhouse to county asylums, partly from the greater freedom from discipline (from enforced order and cleanliness, baths, &c.) which they enjoy, partly from the association with sane persons there instead of the insane, and partly because it is situated nearer their own parish and family. It may be a want of judgment and taste, but the truth certainly is that the insane poor who are sufficiently sane to argue the point, the aged, the infirm, the epileptics, the imbeciles, &c., are constantly asking to be sent back to the union. I am sure the experience of the medical superintendents of our large asylums will confirm this fact.

I would say, speaking generally, that 25 per cent. of the pauper lunatics and idiots chargeable may, with great relief to the wards of the county asylum, and with satisfaction to themselves and their friends, be kept under proper restrictions in the workhouse. The mixing there with persons of sound mind is a comfort much appreciated by this class of patients, as also the greater freedom, the facility of visiting old friends and associations and such like. In country districts, the workhouses would thus prevent the constant

tendency to the accumulation in the wards of the county asylums of harmless and incurable lunatics. A similar relief was contemplated in rather a different way by the 8th section of the Lunacy Acts' Amendment Act, 1862; but the wording of the clause is so obscure that the Attorney and Solicitor-General advised in May of this year "that further legislation is needed, in order to define more clearly the true position of chronic lunatics removed to workhouses, and of the visitors, guardians, and others with respect to their lunatics."

When by such high authority further legislation on this point is stated to be necessary, I may perhaps be permitted to say, that in order to place the arrangements for the care and treatment of the insane poor in workhouses on a satisfactory and permanent basis, it is above all things necessary that one system and authority should regulate the same.

Parliament has already in theory confided the charge of the insane poor to the Justices of the Peace, under the supervision of the Commissioners in Lunacy. I would urge that this theory be put in practice. To this end I would suggest:—

1. That it be illegal to detain any lunatic or idiot in a workhouse without the same medical certificate and a justices' order, as is requisite for admission into the county asylum, and that copies should be transmitted by the clerk of the union to the Commissioners in Lunacy, and to the visitors of the county asylum.

2. That the visitors should depute the medical superintendent, or one of the medical officers of the county asylum, to visit the workhouses in the county at least once a year,* to arrange for the interchange of suitable cases, and to report to them on the condition and treatment of the insane inmates; such report to be submitted to the Sessions, with the document relating to the management of the county asylum.

3. That the case books and statutory records of the workhouses, so far as relates to the care and treatment of the insane poor, be assimilated to those in use in the county asylums.

* This would occupy about a fortnight off and on in the year, and would form a healthful change of work, and be alike beneficial to the medical superintendent and to the inmates of the Unions whom he would visit. Of course this arrangement implies the presence at the county asylum of one or more assistant medical officers—a point much insisted on by the Commissioners.

Similar provisions were long ago recommended by the Earl of Shaftesbury in the speech (6th June, 1845), in which he introduced the Lunacy Act, 1845, into the House of Commons:—

"In erecting (he said) new asylums, and providing farther accommodation where it is required, regard should be had to the proportion of curable and chronic lunatics, I purposely avoid the use of the term incurable. Separate buildings, I propose, should be provided for chronic lunatics at a less cost, and *parts of the workhouses, with the consent of the Poor-Law Commissioners, may be adapted, in which case they are to be separated from the other part of the building, and to be deemed county asylums.*"

Placed on this footing, the workhouses might in the majority of the country districts become valuable means of relieving the overcrowding of the county asylum, and, where the workhouses cannot be used for this purpose, there is no doubt that auxiliary asylums of an intermediate character between the workhouse and the asylum, as recommended by the Commissioners in their last report (1867), might be built and fitted for about £80 a bed. Such auxiliary asylums would even more efficiently relieve the overcrowding of the county asylum, and could be conducted as economically as the lunatic wards of the workhouses.

For London and Middlesex *the Metropolitan Poor Act* 1867 provides district asylums for the reception and relief of the insane poor. I believe there are about 3000 insane inmates of the metropolitan workhouses for whom provision is thus to be made, and a considerable number of the inmates of Hanwell and Colney Hatch might yearly be drafted into these district asylums as they pass into the chronic and harmless stages of the disease. Such district asylums would essentially resemble the German *Pfleganstalten,* or houses of care, as opposed to the asylums or hospitals for cure. They ought not to contain more than 1200 beds each. Their construction should be of the most simple kind; probably detached three-storey buildings, with dormitories and dayrooms on the pavilion principle, will be found the best method of construction.

The act provides for the election of an independent board of management, partly chosen by the vestries, partly nominated by the Poor-Law Board, to whom great authority for the erection and subsequent conduct of these district asylums is entrusted.

Connected with this division of my subject is the question of the care and treatment of the idiot children of the poor. Of the 40,000 pauper lunatics and idiots in England and Wales, 10,000 are idiots from birth. These idiots are maintained partly at home, partly in the workhouse, and the more hopeless and troublesome are sent to the county asylum. As every experienced superintendent will admit, nothing can be more detrimental to their chance of improvement than to place these congenital idiots in the wards of a lunatic asylum; still more unsuitable are those of the workhouse. In the private dwellings of the poor the difficulties are even greater. The treatment of lunatics and of idiots is distinct in principle and in practice, and they cannot be dealt with under one system. The remedy lies in the establishment in the several districts of England of idiot asylums. Probably one for each of the eleven poor-law districts would suffice.

By extending the provisions of the lunacy acts to the erection of these idiot asylums, and to the cost of maintenance there, no new machinery would be requisite. It needs no words of mine to urge the claims of the idiot—*of those who cannot plead for themselves*—to a share of the gifts of fortune and of healing which have been so richly poured on this generation. We have already at Earlswood a model idiot asylum, and marvellous proof, what wise treatment can effect to the amelioration of this sad affliction. An idiot asylum with 400 beds in each of the eleven poor law districts, and which might be built at £80 a bed, would amply meet this pressing want, and so far lessen the per-centage of pauper lunatics and idiots requiring care and treatment in the county asylum, in the workhouse, and at home.

III. *The Insane Poor in Private Dwellings.*

In England and Wales 15·5 per cent. or upwards of 6000 of the insane poor are boarded out, chiefly with their relations, under the authority of the Boards of Guardians and the certificate of their medical officer, but without any magistrate's order to legalise their detention. A quarterly list of these patients by the medical officer of the district, stating the form and duration of the disease, and the date of his quarterly visit, &c. &c., is sent by the clerk of each union to the visitors of the county asylum, and to the Commissioners

in Lunacy. They are chiefly cases of congenital idiocy and dementia. The allowance for their maintenance averages 6d. a day. No official inspection of their condition is made by the Commissioners in Lunacy, and the little that is known of their condition is not encouraging as regards the extension of the present system.

In Scotland there is an excess of thirteen per cent. on the English proportion in the number of pauper lunatics treated in private dwellings. These numbers tend, however, towards a steady decrease. Thus, while in the last eight years there has been an increase of 969 pauper patients placed in public asylums, there has been a decrease in the same period of 216, or thirteen per cent. in the number of those treated in private dwellings. Another such eight years' experience would bring the proportion of cases, thus treated, down to the English average.

In Scotland, where this system has been highly lauded and offered for an imitation as the remedy in all our difficulties, the care and treatment of the insane poor in private dwellings is carried out under the official authority and inspection of the Lunacy Board. Insane paupers may there either be boarded singly in a labourer's cottage, or these cottagers may procure (without fee) a license from the Lunacy Board* to receive patients to the number of four. The average parochial allowance for lodging and maintenance is sixpence a day—about the same as in England. The guarantees† provided for the protection of the subjects of these humble lay speculators in lunacy are a quarterly visit by a medical man, a half yearly visit by an inspector of poor, and an annual visit by one of the deputy commissioners, unless in Orkney or Shetland, or in the Western Isles, where this official visit is paid once in two years. According to Dr. Mitchell,‡ the great majority of pauper patients in private dwellings consist of "*the fatuous and the idiotic, that is, of mindless persons whose appreciation of liberty cannot be great or strikingly shown,*" and patients in this condition (he reports) should always, in his opinion, constitute the majority of single patients. I think the existence of the system is condemned by this official admission.

* 25th and 26th Vict., cap. 54, § 5.

† 'Ninth Annual Report of General Board of Commissioners in Lunacy for Scotland, 1867.'

‡ 'General Reports on Lunatics in Private Dwellings, 1867.'

The demented and the idiotic (*mindless persons*) cannot complain. They neither remember the restraints placed on their liberty, nor the neglect and want to which they may have been subjected. Their power of contributing by their labour to the income of those to whom they are farmed out is small. There is little in the Scotch practice but the sixpence a day between them and neglect and want. The amount of official inspection they receive cannot be worth much. I would just ask you to recall the demented and fatuous inmates of one of our county asylums, with their depraved habits and many wants, and to remember the daily, hourly care required to keep them decently clean, and to retain some faint image of humanity and civilisation around them, in order to realise what their condition must be when all the costly remedial agents of the asylum are once withdrawn. It needed not the graphic detail given by the writer of an oft quoted paper, 'Gheel in the North,'* to realise how far removed from sober truth are the pictures of rural bliss—of the demented and mindless patient in the quiet enjoyment of the ever-shifting busy scene in the cottage kitchen, and of the freedom and kindly guardianship there enjoyed—which are yearly chronicled in the appendix to the Scotch lunacy commissioner's reports.

The principle asserted by the Lunacy Act of 1845, that the insane poor should not be the objects of financial speculation, but that they should be maintained and treated at the public charge, has been throughout consistently adhered to by the English commissioners.† The recent practice of the Scotch commissioners in licensing private pauper houses of three or four inmates to ignorant and needy persons is a retrograde step in the care and treatment of the insane which I think we shall all condemn.

I cannot then cite the theory or practice of the Scotch Lunacy

* "Gheel in the North."—'Journal of Mental Science,' July, 1866.

† "If to this estimate of the most recent additions to the public accommodation provided for pauper lunatics we apply the ratio of increase in the number requiring accommodation observable during the last year, some conclusion may be formed as to the period for which these additional beds are likely to be found sufficient to meet the constantly increasing wants of the country, *and how far they will tend towards the object we have sought most anxiously to promote ever since the establishment of this Commission, namely, the ultimate closing of Licensed Houses for Pauper Lunatics.*"—'Twelfth Report of the Commission in Lunacy to the Lord Chancellor, 1858.'

Board, in perpetuating the practice of farming out for profit, singly or in parties of four, to the care and treatment of the peasantry, the insane poor as one at all worthy of farther consideration on our part. The pressure on our English asylums will not, I am sure, so far as the English Commissioners in Lunacy or the Justices in Quarter Sessions are concerned, be relieved by the re-introduction in this most objectionable form of the principle of lay speculation in pauper lunacy.

While thus condemning entirely the Scotch practice of boarding the insane poor with the peasantry in the villages throughout the country, I am very far from asserting the opinion that all the insane poor without exception ought to be treated in the county asylum or in the workhouse. A certain proportion (I have placed it at 15 per cent.) might, with increased enjoyment of life, be restored to their own families, were suitable provision made for their care and maintenance. As medical superintendent of a large county asylum I am weekly receiving applications to allow patients to return to their homes, and though many of such cases are unfit to be discharged, others certainly might under proper restrictions be so restored. What is required to give this plan a fair trial is some simple organisation connected with the county asylum, similar to the permissive powers which now exist of allowing patients to be temporarily absent on trial, with a weekly allowance. Were this permissive power converted into a permanent system of home treatment for the insane poor, great comfort would result to many families in having their afflicted loved ones again with them.* If the

* "I cannot but think that future progress in the improvement of the treatment of the insane lies in the direction of lessening the sequestration, and increasing the liberty of them. Many chronic insane, incurable, and harmless, will be allowed to spend the remaining days of their sorrowful pilgrimage in private families, having the comforts of family life, and the priceless blessing of the utmost freedom that is compatible with their proper care. The one great impediment to this reform at present lies in the public ignorance, the unreasoning fear, and the selfish avoidance of insanity. When knowledge is gradually made to take the place of ignorance, then will a kindly feeling of sympathy for the insane unite with a just recognition of their own interests on the part of those who receive them into their houses, to secure for them proper accommodation and good treatment. Then, also, will asylums, instead of being vast receptacles for the concealment and safe keeping of lunacy, acquire more and more the character of hospitals for the insane; while those who superintend them, being able to give more time and attention to the scientific study of insanity and to the means of

visitors of the county asylum had the power of boarding with their relatives, at an allowance not exceeding the asylum maintenance rate, patients selected for this home treatment, many applicants would be found, and the confidence of the poor in the authorities of the asylum would be greatly increased. The only machinery necessary would be to add a relieving officer to the staff of the asylum, for the purpose of making a periodical visit and payments to these patients. The medical practitioners in the district should be employed to make a quarterly medical report to the visitors, and in exceptional cases further visitation could be made by the medical officers of the county asylum. The certificates remaining in force throughout the whole period, the patients could, without further delay or trouble, be brought back to the asylum in any case of relapse or other necessity.

Such a plan would ultimately supersede the present system in England of boarding the insane poor in private dwellings under the authority of the boards of guardians; a system, although embracing 15 per cent. of those chargeable, of the working of which very little appears to be known, and that little, I fear, not much to its credit.

To pass here from these general statements to a little further detail, I would take the county of Sussex, with which I am officially connected, and therefore best cognisant. The population of the county, according to the last census, and corrected to July, 1866, is 377,180. The total number of pauper lunatics on the 1st January, 1867, was 837, or 1 in 450 of the population. They were thus distributed:—

	Male.	Female.	Total.	*Per Cent.*
In the County Asylum at Hayward's Heath . . .	236	294	530	63·3
In Workhouses . . .	76	99	175	21·0
Living with Friends . .	51	64	115	13·7
Boarded out in Private Dwellings	9	8	17	2·0
Total . . .	372	465	837	100·0

its treatment, will no longer be open to the reproach of forgetting their character as Physicians, and degenerating into mere house stewards, farmers, or secretaries."—'*The Physiology and Pathology of the Mind*,' *by Henry Maudsley, M.D. Lond.*

We shall have at the county asylum about 700 beds when the alterations in progress are completed, and the entire plan for the enlargement of the asylum provides 800 beds, viz. 350 male, and 450 female. The original building, fitted and furnished for 450 patients, cost £175 a bed. The extensive enlargements and alterarations to adapt it to 800, will, while materially improving the building and the facility in working, be carried out, including furnishing, for £60 a bed.

If, allowing for increase of population in the next twenty years,* we place the inhabitants of the county at 500,000, we should, taking 1 pauper lunatic and idiot to every 400 of the population, have in this period a total of 1250 to provide for. On the standard which I have taken, of 60 per cent. requiring asylum treatment, 25 per cent. workhouse accommodation, and 15 per cent. being placed in private dwellings, we should have a population of 750 at the county asylum, 300 to be maintained in the workhouses, and 250 to be boarded in private dwellings with their friends. This, it is evident, is allowing a wide margin in our estimate, both as regards increase of population, and of the number of pauper lunatics and idiots chargeable, which I hardly think can, even under any likely circumstances, exceed 1 in 400 of the population.

We shall be able to receive the 750 at the county asylum. There can be no great difficulty in finding proper accommodation for 300 in the twenty-five workhouses in the county, and I believe that 250 families may be found, able and willing to undertake the care of their insane relatives, under the arrangements which I have just sketched.

You will thus see that I take a hopeful view of the future, as it relates to the care and treatment of the insane poor. The difficulties which beset the path of the early asylum reformers, have gradually yielded to the progress of wiser and more humane sentiments, and it is only matters of detail that now remain for us to arrange in order to complete and consolidate the working of the system inaugurated by the Lunacy Act, 1845, and already brought to so suc-

* In 1851 the population of the county of Sussex was 336,844, and in 1861 363,735, being an increase of 26,891 in the decennium. I am allowing in my calculations a possible increase of 137,265 in the two decenniums.

cessful an issue by the united labours of the Commissioners in Lunacy, and of the Visiting Justices and Medical Superintendents of the English county asylums. I have thought that the opportunity which this day has given me would not be unwisely used in reviewing, aided by the experience of the past twenty years, the several details of this system as they relate to the present and future treatment of the insane poor.